



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Post Office Box 1797

Richmond, Virginia 23218-1797

JAMES S. REINHARD, M.D.
COMMISSIONER

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrzas.state.va.us

Administrative Services

NOTICE OF AWARD

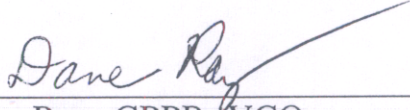
Contract # 720C-03716-04R

DATE: June 26, 2003

Name: Bioethical Services of Virginia, Inc.
Address: P.O. Box 3468, Lynchburg, Virginia 24503.
Your Offer Dated: June 13, 2003.
In Response To: RFP #720C-03716-04R, Dated May 29, 2003
To Furnish: Bioethical Services to DMHMRSAS Central Office and the 15 DMHMRSAS Facilities across the State.
During the Period: July 1, 2003 through June 30, 2004, with 5 one-year renewals.

Hereby is accepted at the prices and terms stated, subject to all conditions and requirements of the solicitation. The solicitation, your offer, the negotiated terms listed in the Bioethical Services, Inc. letter dated June 25, 2003.

Contract Officer:


Dave Ray, CPPB, VCO
Grants/Contract Manager

COMMONWEALTH OF VIRGINIA

STANDARD CONTRACT

Contract Number: 720C-03716-04R

This contract entered into this 26th day of June 2003, by Bioethical Services of Virginia hereinafter called the "Contractor" and Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services hereinafter called the "Purchasing Agency."

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the services to the Agencies of the Commonwealth of Virginia as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From July 1, 2003 through June 30, 2004, with 5 one-year renewal options.

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposal dated May 29, 2003:
 - (a) The Statement of Needs,
 - (b) The General Terms and Conditions,
 - (d) The Special Terms and Conditions,
 - (c) The Attached Cost Breakdown For The 15 Facilities
- (3) The Contractor's Proposal dated June 13, 2003 and the following negotiated modification detailed in the attached letter from the Contractor dated June 25, 2003, all of which documents are incorporated herein.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

Bioethical Services
Of Virginia, Inc.

By: 

(Signature)

Michael A Gillette, Ph.D.
President

Date: 6/26/03

Department of Mental Health,
Mental Retardation and Substance
Abuse Services

By: 

(Signature)

Dave Ray
Grants and Contracts Manager

Date: 6-26-03

COST BREAKDOWN FOR THE 15 FACILITIES

The Contractor shall provide the following service packages to the 15 facilities at the cost listed below:

FACILITY	2003-2004 PACKAGE	2003-2004 COST
Catawba	BASIC	\$6,000.00
CSH	BASIC	\$6,000.00
CVTC	FULL SERVICE	\$8,500.00
CCCA	BASIC	\$6,000.00
ESH	BASIC	\$6,000.00
HDMC	BASIC	\$6,000.00
NVMHI	BASIC	\$6,000.00
NVTC	FULL SERVICE	\$8,500.00
PGH	EDUCATIONAL	\$3,000.00
SVMHI	PER DIEM	\$750.00 PER DAY
SEVTC	PER DIEM	\$750.00 PER DAY
SWVMHI	EDUCATIONAL	\$3,000.00
SWVTC	PER DIEM	\$750.00 PER DAY
SSVTC	BASIC	\$6,000.00
WSH	BASIC	\$6,000.00



P.O. BOX 3468 / LYNCHBURG, VA 24503 / 434-384-5322 / BSVINC@AOL.COM

June 25, 2003

Mr. David Ray
DMHMRSAS
P.O. Box 1797
Richmond, VA

Dear Mr. Ray,

This letter is written in response to our telephone conversation on 6/25/03 and contains changes to the proposal which Bioethical Services of Virginia, Inc. made in response to RFP #720C-03716-04R, Biomedical Ethicist Services. This letter constitutes a revision to that proposal based on our negotiations.

Five clarifications or revisions to the proposal shall be made. They are as follows:

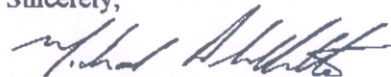
1. On page 14 of the proposal, in the section that describes the Educational Package, the word "remote" should be clarified. This term indicates that although consultative services are not included in this package, BSV, Inc. will review ethics committee guidelines or procedures without making any special site visits to assist in the development of these materials. If a facility ethics committee requests that BSV review its guidelines and make suggestions for revision, BSV will perform this function at its own location and will communicate any recommendations to the facility by phone, fax, email or paper mail.
2. In the event that BSV is already involved in a case consultation that is performed under contract with a specific facility, or is being paid for a consult at the per-diem rate by a specific facility, and staff from another facility or Central Office sit in on that consult for any reason, no additional fee will be charged to the additional facilities or to Central Office for their participation. This provision will also apply to educational programming that a sponsoring facility wishes to share with other facilities within the Department.
3. In the event that the Polycom system is used for consultations, committee meetings, or educational programs, the expense of all Polycom use will be covered by the facilities involved. BSV, Inc. will not be responsible for the cost of any portion of a Polycom interaction.
4. The \$750.00 per-diem rate specified on page 15 of the proposal will be extended to all of the facilities. There will not be a separate per-diem rate of \$1,000.00 for facilities that have not

purchased a contract package. All other provisions regarding the per-diem rate will remain unchanged.

5. Case study materials based on consultations performed under this contract will remain the property of BSV, Inc. All such case studies must be stripped of identifiers so that confidentiality will not be breached. BSV, Inc. will have full rights to use redacted case studies for educational or publication purposes, provided that all references to specific individuals or facilities are removed and any information that could reasonably serve to identify any individual involved in the case has been eliminated or altered to protect confidentiality.

I believe that these five points communicate the agreement that we have reached. If you require any further information, please do not hesitate to let me know.

Sincerely,



Michael A. Gillette, Ph.D.
President

COMMONWEALTH OF VIRGINIA

REQUEST FOR PROPOSALS

Issue Date: May 29, 2003 RFP #720C-03716-04R

Title: Bioethical Services- Statewide

Issuing Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
P.O. Box 1797, Richmond, Virginia 23218

Using Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) – Central Office

Period of Contract: Date of Award for a period of 12 months, with five optional 12-month renewal periods.

Proposals will be received for furnishing services described herein until: June 20, 2003 – 3:30 PM EST. For copies and all inquiries for information for the preparation of your proposal should be directed to: David Ray; Phone (804) 786-6632.

All proposals shall be addressed: **DMHMRSAS, Office of Administrative Services. If mailed, send to P.O. Box 1797, Richmond, Virginia 23218; if hand delivered: Jefferson Building 1st Floor, 1220 Bank Street, Richmond, Virginia 23219.** Envelopes should be marked with RFP number and opening date and time. It is the contractor's responsibility to assure that proposals are received at the location indicated by the date and time above. This page and the signature page must accompany your proposal, with all information supplied and signatures applied as required.

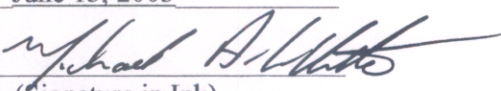
In Compliance With The Above Referenced Request For Proposals And To All The Conditions Imposed Herein, In Fact Or By Reference, The Undersigned Offers And Agrees To Furnish The Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiation.

Name and Address of Offeror:

Michael A. Gillette, Ph.D.

Date: June 13, 2003

Bioethical Services of Virginia, Inc.

By: 
(Signature in Ink)

P.O. Box 3468

Name: Michael A. Gillette, Ph.D.
(Please Print)

Lynchburg, VA Zip Code: 24503

Title: President

FEI/FIN Number: EIN 54-1694239

Phone: (434)384-5322

E:mail: bsvinc@aol.com

Fax: (434)384-0691

Section 4.2.2: Description of Precipitating Issues

Motivation for Statewide Programming:

Medical ethics programming has clearly become the standard of care across the country. While Mental Health facilities are required by the Joint Commission to have an ethics program, Mental Retardation facilities in Virginia do not have accreditation requirements that motivate them to create ethics programs. Nevertheless, facilities throughout the Commonwealth have come to realize that specific issues arise in client care that demand the very functions that ethics committees are designed to provide. Since the initiation of the contract for Biomedical Ethicist Services in 1998, every facility within the DMHMRSAS and several CSBs have developed ethics committees. Many of these facility ethics committees are active and healthy, and require support from an ethicist with appropriate experience and expertise. Other committees are still developing, and require assistance in becoming fully active in all aspects of committee function. Bioethical Services of Virginia, Inc. has been instrumental in helping all of the facilities develop their ethics programs at all levels of activity. In order to maintain consistency across facilities, and to continue to satisfy this important aspect of the standard of care in American healthcare organizations, the DMHMRSAS has issued this RFP so that ethics support services will continue.

In addition to facility-based concerns, issues have developed in the Central Office that include ethical elements. A state-wide coordinated effort regarding ethics programming can serve to enhance client care on the facility level, support policy efforts in Central Office, orchestrate cooperative activities among facilities, and continue to generate financial savings by coordinating efforts and creating an economy of scale.

Specific Needs Within the DMHMRSAS:

As stated above, there is no doubt that medical ethics programs have become part of the standard of care in the provision of services nationally. Based on that fact, the DMHMRSAS has a reason to develop clinically-based ethics efforts in all of its facilities. Although satisfaction of the standard of care is of significant importance, it is not the only reason to develop ethics programs in both MH and MR facilities.

With respect to clients residing in Virginia's Training Centers, there is a specific need to provide ethics programs. Such individuals are cared for by staff in wonderful ways throughout the Commonwealth. In many cases, the appropriate treatment plan for clients becomes clear based strictly on clinical grounds. In other situations, the human rights system is capable of identifying possible abuses and guaranteeing the rights of clients. But in some cases, where there is no clear clinical or legal answer to a problem, or when multiple points of view legitimately conflict, questions turn out to be more ethical than medical or legal. In addition, given their incapacities, clients are not always capable of voicing their opinions regarding services and treatments. In those situations, it is imperative that a structure exist that is capable of fostering a well-reasoned discussion and generating useful recommendations.

In the Training Centers, the very nature of the service environment forces staff to take a much more paternalistic approach to decision making than would be common in a community hospital setting. Since clients are not always capable of fully understanding their own situations, other individuals must make decisions for them. It is this high incidence of paternalistic decision making that creates a unique set of ethical difficulties in developmental disabilities medicine. When families are involved, the problem is often easier, but conflict may still develop between family members and other members of the treatment team. When no family exists, staff are forced to make judgments themselves for many clients. The specific problems involved vary, and may include decisions regarding dental care, refusal of treatment, placement in the community, and end of life decisions to

Section 4.2.2: Description of Precipitating Issues (continued)

name just a few. Radical differences in the general levels of function of MR clients when compared to average hospital patients, and significantly reduced capacity to make personal decisions, create a scenario in which only those with experience and insight into the support of individuals with MR can sort through the ethical issues involved. Bioethical Services of Virginia, Inc. has demonstrated both the necessary experience and insight to assist in this task.

With regard to mental health care, some of the same issues of paternalism exist. Additionally, patients with mental illness are likely to have, or to have had, a more complete set of values that impact on decisions that must be made. The choice by a patient to refuse psychotropics, for instance, is similar to the choice by an individual with mental retardation to refuse dental care. Differences do exist, however. A greater level of insight may have existed at some time for the individual with mental illness, and the patient may assert a higher degree of autonomy. Determining the appropriate level of control that an individual with mental illness should have in his care is a difficult ethical matter. Furthermore, increased family contact may be involved, and if so, it is necessary to determine how much control family should have for the mental health patient.

It is not possible, in the short space available for a document of this sort, to catalogue all of the ethical issues that have already arisen or which can be imagined for the DMHMRSAS. The new technologies in genetic testing and control are themselves worthy of extended conversation. What must be demonstrated in this offer, however, is an appreciation for the special problems that are likely to be raised in the near future. Issues of client choice, application of new genetic technologies, questions of informed consent, refusal of care by incapacitated individuals, and provision of services in an environment with fixed budgets set at the State level are all special problems for the DMHMRSAS. Bioethical Services of Virginia, Inc. has had experience in dealing with these topics and has demonstrated an ability to deal with new issues as they arise.

An incomplete but representative list of issues already addressed by BSV within the DMHMRSAS includes:

1. DNR Orders
2. Withdrawal Of Life Prolonging Care (e.g. Antibiotics, Blood Transfusions)
3. Allocation Of Scarce Resources
4. Restriction On Smoking Behavior
5. Dietary Restrictions
6. Refusal Of Treatment Issues
7. Conflicts Between Facility Judgment And Family Desires
8. Sexual Sterilization
9. Enteral Feeding Refusal
10. The Apparent Inappropriate Administration Of Medications By Family
11. The Use Of Cigarettes As An Inducement For Medical Compliance
12. Truthfulness Issues (Withholding Information, Placebo Use)
13. Romantic/Sexual Relationships Between Clients
14. Justification Of Restrictive Arrangements In Community Placement
15. Research Ethics
16. Application Of Depo Provera To Reduce A Male Patient's Libido
17. The Use Of Electronic Surveillance On The Unit
18. Dual Relationships
19. Staff Refusal and Facility Accommodation
20. The Ethics of Facility Physicians Referring Patients into Their Own Private Practices

Requirement 4.2.3: Philosophy of Practice

ETHICS COMMITTEE FUNCTIONS

As already noted, hospital ethics programs have developed in institutions across the country. Most commonly these programs involve ethics committees which are composed of individuals who represent a broadly based cross section of perspectives. The function of ethics committees is restricted to three basic areas.

The first priority of an ethics program is educational. This aspect of committee business falls into two specific sub-categories. First, ethics committees must spend time becoming better educated themselves regarding medical ethics. The process of training committee members to carry out the functions of the committee can be time consuming. Second, ethics committees should provide a framework for broader educational initiatives for all staff at a given facility. Ethics committees should provide a variety of educational opportunities including structured seminars, panel-discussions, printed materials and informal consideration of issues. These educational programs should be designed to raise awareness of ethical issues in the facility and to improve the skills required by staff to deal effectively with those problems. Finally, very active ethics committees may provide educational opportunities for consumers, families and the community.

The second area of ethics committee involvement is case consultation. When an ethical issue is identified by staff, consumers, or the consumer's LAR, it may be brought before the committee and discussed in a cross-disciplinary manner. A well structured consultative effort is capable of fostering a clear exchange of ideas which often resolves conflict of opinion. When conflict cannot be eliminated, the committee is capable of developing a rationally defensible solution to disagreement.

The third aspect of committee work is policy development and review. Ethics committees do not set policy, but they do comment on proposed policy and develop model policies when ethical issues are involved. This service allows the ethics committee to add one more voice to the procedure of policy development and to help identify possible considerations and implications that otherwise might go unnoticed.

In all areas of committee involvement, it is important to note that an ethics committee makes recommendations only. All final decisions regarding care should remain with the client, client's family, and treatment team. All policy decisions remain within the authority of the administration. The goal of an ethics program is to assist responsible decision makers in developing ethically appropriate positions, and in defending those positions when challenged.

All of the above outlined functions are absolutely necessary for an ethics program to be considered fully functional. Every facility within the DMHMRSAS must have some mechanism for accomplishing the three basic goals of education, case consultation and policy development and review. I believe that these functions are best accomplished with the aid of a consultant who has expertise in the field of medical ethics. I have already assisted each facility to develop an ethics committee that can achieve these functions, and I believe that ongoing expert consultative support is necessary to maintain these high quality programs.

THE ROLE OF THE ETHICIST

In his or her educational role, an ethicist must be able to raise the ethical awareness of staff, transmit basic information about medical ethics to staff, enable staff to recognize ethical issues when they exist, and empower staff to bring these issues up for discussion in a non-threatening and non-threatened way.

Requirement 4.2.3: Philosophy of Practice (continued)

In addition to the educational role that an ethicist provides, he must also be prepared to function in a case consultation capacity. In this capacity the ethicist must be able to deal with the ethical issue that has been identified by providing critical analysis. The first aspect of such an analysis is to determine whether or not a true ethical issue exists. If the issue at hand is not ethical in nature, then the ethicist should assist in determining where the issue more properly belongs for discussion. If the issue is ethical in nature, then the ethicist must be able to evaluate the issue, consider possible responses to the issue, examine the ethical implications of all of the various responses, and make very clear recommendations as to which option is the most appropriate. All of this work must be done in concert with a case consultation team to verify that multiple perspectives and viewpoints are properly represented. Therefore, the ethicist must resist the temptation to evaluate the problem on the basis of his own personal values, and must assist a team in developing a collective view that is based on the qualities of the facility within which the issue arises. This responsibility requires that the ethicist take a process oriented approach to the discussion, by applying critical thinking skills evenly and equitably to all expressed viewpoints, taking into account a familiarity with theoretical ethics information and current trends and practices within the field of bioethics.

Although it is very important that an ethicist's role remain one of process, the ethics consult will be useless unless it results in clear action directing responses. One of the major responsibilities of the ethicist in both case consultation and policy work is to formally write a committee report that makes clear, concise, and decisive recommendations. This is important even though the authority to make final decisions should remain with the treatment team or administration.

Additionally, when issues of policy are concerned, the ethics committee with the aid of the ethicist must be able to identify the central ethical issues, evaluate those issues, and make recommendations concerning, or produce drafts of, possible model policies.

As described, the role of the ethicist creates a possible conceptual conflict. On the one hand, the role of the ethicist involves a value neutral approach to issues that concentrates only on the process used to derive solutions to important problems. On the other hand, a process oriented solution is of no value if it does not ultimately lead to useful guides for actions. The ethicist must, therefore, orchestrate a process that is ultimately aimed at effective results. This combination of goals requires that the ethicist generate a conversation involving multiple perspectives, and that he do so in such a way that eliminates extraneous information and identifies the central ethical problem at the core of any particular issue. By providing guidance in this respect, the ethicist is capable of focusing the attention of all involved parties on a moral issue which is truly central to the problem at hand and which avoids the common problem of allowing discussion to center on irrelevant concerns. Once the primary ethical issue has been identified to the satisfaction of the parties involved, the role of the ethicist then shifts to one of helping to analyze that central moral issue and determining what action is permissible given the expectations of the parties involved.

In order to satisfy all of these functions, an ethicist must have a range of skills. These include both good interpersonal skills and the ability to run a discussion efficiently. In addition to those basic social skills, the ethicist must also have an extensive understanding of moral theory, a clear understanding of basic clinical information, and a complete comprehension of the history of the medical ethics issues which the committee faces. A significant body of literature exists in the field of medical ethics and a good ethicist will be able to use that amassed knowledge in order to help evaluate issues as they arise.

Requirement 4.2.3: Philosophy of Practice (continued)

BSV's APPROACH TO BIOETHICS

Aristotle's Virtue Theory is one of the world's great moral constructs. According to this view, the moral obligations that any particular entity has are a function of the role that the individual or organization performs. Teachers have obligations that lawyers do not. Hospitals have obligations that businesses do not. These obligations are derived from the purpose of these professions or organizations, as well as the reasonable expectations that people have regarding them.

Likewise, the ethical obligations of facilities within the DMHMRSAS are direct functions of those facilities' histories, purposes, and mandates. BSV is committed to the view that a quality ethics program must be based on a full understanding of the mission of the organization in which the ethical debate exists. BSV's first priority in working with healthcare facilities is, therefore, to identify the goals and assumptions involved. No single program in ethics can work for all facilities, so on-site personal observation of the agency or organization involved is necessary.

BSV's history of providing customized programming has resulted in careful attention to DMHMRSAS structure and function. BSV's provision of services described in this offer will be based on a continued commitment to working with the purchasing agency to develop programs and policies that are consistent with the agency's values. BSV will also assist in clarifying and developing a clear set of values when necessary. Given a long history of working in mental health and mental retardation ethics, BSV is uniquely suited to efficiently accomplish these goals.

Requirement 4.2.4: Statement of Approach

Over the past ten years, BSV has been involved in the provision of consulting services to DMHMRSAS Facilities. The goals of these services have always been oriented toward helping staff to identify and clarify ethical issues that exist in their facilities, empowering staff to approach and solve these ethical issues, providing direct support for the resolution of the most difficult moral problems that arise, and helping staff to avoid or better deal with similar future problems by generating relevant educational programs and policies.

While BSV has been successful in achieving these goals for individual facilities, two important limitations have become clear. First, many problems that are dealt with successfully in one location are not dealt with very well in another location. Significant energy has been expended in the replication of effort in multiple centers. By sharing information, facilities can more efficiently deal with difficult ethical issues. Second, disjointed replication of effort is not only inefficient, but it generates inconsistencies throughout the system that frustrate consumer expectations. While each facility must be able to respond to its unique difficulties on the basis of its unique mission, there should be some consistency throughout facilities on issues that are substantially the same in each location. Control over these issues should be shared by Central Office and the facilities and BSV has been instrumental in increasing consistency across the system.

Priorities for State-wide Programming:

Now that each facility within the Department has had some ethics programming, efforts must continue to support ongoing efforts in identifying and dealing with difficult ethical issues. One primary goal for this contract would be to increase ethics discussions at the Central Office level by providing educational opportunities at a centralized level and to continue in the effort of creating consistency across facilities.

Several facilities have reduced their ethics programs over the past several years in response to budgetary constraints. A second priority should be to help these facilities reinvigorate their programs by utilizing creative cost-saving technologies such as the Polycom system. Other facilities that have active ethics programs must be given the opportunity to continue with their work and to identify new areas of ethical concern, and this would form a third priority for the ethics contract.

Now that ethics programming within the DMHMRSAS facilities is relatively mature, BSV will be involved in ongoing support. Still, as turnover of staff is perennial, and as membership on ethics committees rotates, basic education in the field of bioethics will always be required.

One final priority for this contract is likely to be increased penetration into the CSB environment. Many ethical issues exist in the community that go unnoticed and unconsidered. Ethics programming is extremely important for the Community Services Boards, and BSV would appreciate the opportunity to assist these organizations more fully.

Requirement 4.2.5: Cost Proposal

Medical ethics is an area of service that is important, yet routinely under-valued. Facilities very often recognize the need for medical ethics services, but when forced to make payments by the hour they are reticent to trigger a consultation request that might take a significant amount of time. Given this fact, along with my experience working in the facilities and therefore an ability to judge the basic needs of ethics programs, I believe that the best format for cost involves a basic fee that covers the required services as outline in RFP#720C-03716-04R.

At present, I offer three levels of service to meet the varying needs of the facilities. I have found that middle level of service, known as the "Basic Package" is an extremely efficient way to meet the needs of the majority of the facilities. This package remains substantially unchanged from its current configuration. Several facilities, because of size or budgetary limitations, have opted for a lower level of service. I have included an "Educational Package" that is also substantially unchanged from the current configuration. Several facilities have wanted more than the Basic Package, and have purchased a "Full Package" of services. Given budgetary limitations, however, this package has been out of reach to several facilities even though it may seem desirable to them. In response to this fact, I have substantially altered the Full Package, inserted the use of the Polycom system for some of its activity, and lowered the price by a substantial margin. I am hopeful that this newly configured Full Package will meet the needs of those facilities that desire extended services in a cost effective way. These package levels are also available to CSBs. Each facility could tailor a package to their unique needs by adding specific services at the per-diem rate if necessary.

FACILITY ETHICS COMMITTEE, EDUCATIONAL PACKAGE:

Services Provided-	Attend quarterly ethics committee meetings Provide quarterly educational programming for facility staff, scheduled to coincide with committee meeting dates Provide remote support in reviewing committee guidelines or procedures This package does not involve case consultation or policy services
Annual Cost-	\$3,000.00 (Three Thousand Dollars) per facility

FACILITY ETHICS COMMITTEE, BASIC PACKAGE:

Services Provided-	Attend quarterly ethics committee meetings Provide ongoing support for the committee including development of procedures, support of quality standards, training and education for committee members Act as resource in the field of medical ethics including provision of literature searches and recommendations for library holdings Support the development, review and integration of relevant policies in the facility Identify policy issues to take to the State level Lead all case consultation efforts (even if additional on-site visits are necessary) Provide written reports (position papers/consultation reports) to aid in the resolution of cases and policy issues Provide up to four educational sessions for staff, outside of ethics committee member education, to be scheduled to coincide with ethics committee meeting dates
Annual Cost-	\$6,000.00 (Six Thousand Dollars) per facility

FACILITY ETHICS COMMITTEE, FULL PACKAGE:

Services Provided-	Attend four ethics committee meetings on site and two additional meetings by Polycom Provide ongoing support for the committee including development of procedures, support of quality standards, training and education for committee members Act as resource in the field of medical ethics including provision of literature searches and recommendations for library holdings Support the development, review and integration of relevant policies in the facility Identify policy issues to take to the State level Lead all case consultation efforts (even if additional on-site visits are necessary) Provide written reports (position papers/consultation reports) to aid in the resolution of cases and policy issues Provide up to four educational sessions for staff, outside of ethics committee member education, to be scheduled to coincide with committee meeting site visits
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Requirement 4.2.5: Cost Proposal (continued)

FULL PACKAGE, continued

	Make one additional on-site visit per year for staff training purposes
	Support and provide one major educational event to be held in the community per year
	Perform Committee Chairpersonship duties including development of monthly agendas and preparation of materials for meetings (photocopying to be provided by the facility)
	Assist in the development and collation of documentation necessary to meet Joint Commission requirements for those facilities experiencing JCAHO review
	Work flexibly to satisfy other ethics programming needs as identified
Annual Cost-	\$8,500.00 (Eight Thousand Five Hundred Dollars) per facility

In addition to services provided to the individual facilities, BSV will also provide services to Central Office and the Office of Human Rights. Costs for such services will be as follows.

DMHMRSAS CENTRAL OFFICE (services to be provided "as needed"):

Services Provided-	Lead in the development and review of policies that touch on ethical issues
	Facilitate the replication of relevant policies at the facility level for those facilities which receive support under this program
	Provide educational sessions and training to Central Office Staff as the need is identified
	Develop State-wide quality standards for ethics programming
	Develop recommendations for establishing or improving ethics programs within specific facilities
	Make regular reports concerning ethics activities in which BSV is involved State-wide
ANNUAL COST-	Billed Out on a Per Diem Basis, with prior approval from Central Office

DMHMRSAS OFFICE OF HUMAN RIGHTS (Services to be provided "as needed"):

Services Provided-	Provide educational sessions for each of the five LHRC regions.
	Provide educational sessions for the State Human Rights Committee
	Provide educational sessions for the advocates
	Provide ongoing support for policy development and review, with leadership in areas of policy that are identified as being substantially ethical in nature
	Be available for case consultation support for LHRC's
	Be available for education and training of LHRC members beyond that specified above
ANNUAL COST-	Billed Out on a Per Diem Basis

SERVICES TO BE REIMBURSED ON A PER-DIEM BASIS:

The Per-Diem rate for Central Office, the Office of Human Rights, and any facility or CSB that has purchased a package as listed above shall be \$750.00 per day (eight hour period) and \$375.00 per half-day (four hour period). For the purposes of calculating this per-diem rate, travel time will be considered but no additional fee for travel reimbursement will be applied. No additional fee for lodging will be charged, even if it is necessary to remain overnight in order to satisfy scheduling needs. Facilities that do not purchase one of the packages listed in this proposal may also access services on a per-diem basis. The per-diem rate for these facilities, however, will be \$1,000.00 per eight hour period and \$500.00 per four hour period. In any case where per-diem services are requested, the fee will be calculated in four-hour increments.

Requirement 4.2.6: Description of Expectations

In order for the above outlined goals and objectives for a state-wide medical ethics program to be satisfied, it would be necessary for the purchasing agency to support the activities of the program by providing a location for State level meetings, as well as encouragement for each of the facilities to remain involved in medical ethics work. Quality standards will require that all facilities have ethics programs, and some motivation for compliance in this regard must come from the Central Office.

BSV would expect support from Central Office in the work of this program, and assistance in orchestrating necessary meetings between individuals within the DMHMRSAS and other State Agencies as necessary.

In addition to physical space when needed, assistance in working with State Agencies when necessary, and encouragement for facility participation in ethics programs, there may be times when outside speakers or other resources are identified as being useful. Whenever such resources are secured, the costs associated with such educational activities should remain the responsibility of the Department, and not BSV. BSV is also not responsible for photocopying materials that are necessary for educational purposes.

Payment for the services outlined in section 4.2.5, exclusive of the per-diem "as-needed" services, have historically been made in two semi-annual payments. The first payment is invoiced on July 1 of the contract year and a second invoice is submitted on January 1 of the contract year. This schedule of payments has been acceptable to the facilities thus far, and greatly reduces the paperwork and effort involved in servicing this contract. BSV would expect that the semi-annual payment structure would continue if at all possible.